P BOOK 85 Pg 73 1

STATEMS - DESOTO CO.

JUN 23 1 04 PM '00

BK. 85 731

A240-10 R240-04

## LIMITED POWER OF ATTORNEY

(With Durable Provision)

NOTICE: THIS IS AN IMPORTANT DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS. THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON WHOM YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO PLEDGE, SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU, YOU MAY SPECIFY THAT THESE POWERS WILL EXIST EVEN AFTER YOU BECOME DISABLED, INCAPACITATED OR INCOMPETENT. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR OTHER HEALTH CARE DECISIONS FOR YOU. IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER TO EXPLAIN IT TO YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

| Stachan Louis Blackwell 1915 town Kider North   |
|---|
| Cosolo Coulty:  |
| Southaven, MISSISSI ppi as Grantor, do hereby make and grant a limited and  |
| Desoto County to Susan Eileen Blackwell, of 1915 Pecan Ridge North,   |
| TOALL PERSONS, be it known, that I, Stephen Louis Blackwell, of 1915 tecan Kidge North South River, Mississippi as Grantor, do hereby make and grant a limited and specific power of attorney to Susan Eileen Blackwell, of 1915 Pecan Ridge North, Southaven, Mississippi and appoint and constitute said individual as my attorney-in-fact. |
| my named autorney-in-ract shall have full power and authority to undertake, confinit and perform only the following   |
| acts on my behalf to the same extent as if I had done so personally; all with full power of substitution and revocation   |
| in the presence: (Describe specific authority)  |
| Any and all actions pertaining to the   |
| Any and all actions pertaining to the sale of our home at 1915 Pecan Ridge North, DeSoto Coun   |
| Serie of our many   |
| Southaren, Mississippi  |
|   |

The authority granted shall include such incidental acts as are reasonably required or necessary to carry out and perform the specific authorities and duties stated or contemplated herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interests as my attorney-in-fact deems advisable, and I thereupon ratify all acts so carried out.

I agree to reimburse my attorney-in-fact all reasonable costs and expenses incurred in the fulfillment of the duties and responsibilities enumerated herein.

## Special durable provisions:

This power of attorney shall not be affected by subsequent incapacity of the Grantor. This power of attorney may be revoked by the Grantor giving written notice of revocation to the attorney-in-fact, provided that any party relying in good faith upon this power of attorney shall be protected unless and until said party has either a) actual or constructive notice of revocation, or b) upon recording of said revocation in the public records where the Grantor resides.

Other terms:



Rev. 4/99

| Signed under seal this<br>Signed in the presence of  | . 23   | day of   | JUNY                        | <u>.</u> /                   | . •                         | (year).            | 1        |
|--|--|--|-----------------------------|------------------------------|-----------------------------|--------------------|----------|
| Witness  |  |  |                             | Grantor                      | The Tour                    | o Black            | , M      |
| Witness  |  |  |                             | Attorney in                  | Fact                        |                    |          |
| Witness  | M+ =-  |  |                             |                              |                             |                    |          |
| Witness  |  |  |                             |                              |                             |                    |          |
| State of<br>County of  | }  |  |                             |                              |                             |                    |          |
| On<br>appeared<br>personally known to me<br>is/are subscribed to the w<br>authorized capacity(ies),<br>behalf of which the person<br>WITNESS my hand and | (or proved to thin instrum and that by on(s) acted, or | nent and ackr<br>/ his/her/their<br>executed the | nowledged to<br>signature(s | o me that he                 | /she/they executed t        | he same in his/he  | er/their |
| Signature_   |  |  |                             |                              | AffiantKn                   |                    | ced ID   |
| -approared "- J'_ "  | •  |  |                             |                              | 5. Blode                    |                    | , ama(c) |
| persopally known to me is/arc subscribed to the vauthorized capacity (ids) behalf of which the pers WITNESS my hand and                                  | vithin instrur<br>, and that by<br>on(s) acted,        | nent and acki<br>y his/her/thei<br>executed the  | nowledged t<br>r signature( | o me that he<br>s) on the in | /she/they executed t        | the same in his/ho | er/their |
| Signature My Commiss   | sion Expires   | March 30,  | 2002                        |                              | AffiantKi<br>Type of ID_b\S |                    | 145 Y    |

Pre PAINED BY.

Stephen L. Blackwell

1915 PECAN RZDGE N.

SOUTHAND MS. 3817/

662 349 1342

( rets. to preparer)